

STANDARD CERTIFICATE OF DEATH

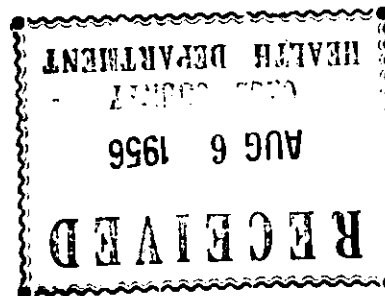
FILED AUG 9 - 1956

State File No. **23074**

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5221		Registrar's No. 106	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dayton Twp.		c. LENGTH OF STAY (In this place) 8 months		c. CITY OR TOWN Creighton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles S. Garden City, Mo.				e. STREET ADDRESS (If rural, give location) 01900			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Russell		c. (Last) Burns	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		4. DATE OF DEATH (Month) (Day) (Year) 7-26-1956	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		8. DATE OF BIRTH August 28, 1877		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months Days Hours Min.	
11a. BIRTHPLACE (City and State or Foreign Country) Mayesburg, Missouri		11b. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE Nora Ellen Burns			
13a. FATHER'S NAME Fred Burns		13b. MOTHER'S MAIDEN NAME Martha Cavalier		14. NAME OF HUSBAND OR WIFE Nora Ellen Burns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsie Longacre-Garden City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate				INTERVAL BETWEEN ONSET AND DEATH 24 hr 2 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201H		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-29-1951 , to 7-26-1952 that I last saw the deceased alive on 7-26-1952 , and that death occurred at 5 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Leoburn Ellis M.D.				23b. ADDRESS Garden City, Mo.		23c. DATE SIGNED 7-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-29-1956		24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		24d. LOCATION (City, town, or county) (State) Dayton, Missouri	
DATE REC'D BY LOCAL REG. July 29/1956		REGISTRAR'S SIGNATURE Nora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE Wesley Barker		ADDRESS City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert C. Dickinson

Licensed Embalmer No. *492*

P. O. Address *Harrison*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.